



Reuters/Chris Meyers

Kindergarten children play near a Geiger counter, measuring a radiation level of 0.160 microsievert per hour, at Douhou Kindergarten, located about 50 km from the tsunami-crippled Fukushima Daiichi nuclear power plant, in Nihonmatsu, Fukushima prefecture, ahead of the second anniversary of the 11 March 2011 earthquake and tsunami. As the World Health Organization says children in Fukushima may have an increased risk of developing thyroid cancer, mothers in Fukushima worry that local health authorities are not doing enough.

From the Consumers Health Forum of Australia

When is a medicine not a medicine?

More than half of Australians who take multivitamins do not know that they are regarded as medicines (<http://www.canstarblue.com.au/health-beauty/multivitamins>), and more than half of all complementary medicine users believe that complementary medicines, including vitamins, are independently tested by a government agency such as the Therapeutic Goods Administration (Williamson M, Tudball J, Toms M, et al. Information use and needs of complementary medicines users. Sydney: National Prescribing Service, 2008). Of equal concern is that many Australians believe, because these products are sold in pharmacies, they have been scientifically tested and are as effective as prescribed medicines.

It is clear that there are significant knowledge gaps for some consumers when it comes to complementary medicines. This is a major issue for

an industry with annual sales of over \$1.2 billion (Australian National Audit Office. Therapeutic goods regulation: complementary medicines. Canberra: Commonwealth of Australia, 2011). This was the motivation for a major campaign launched by the Consumers Health Forum of Australia (CHF) late last year, urging consumers using complementary medicines to “know their product” and talk to their health professionals about all the medicines they are taking.

The CHF is not suggesting that consumers should stop taking complementary medicines. There is clearly a place for some of these products in health care. What we would like to see is consumers making informed decisions by being enabled to question the evidence base regarding some of the claims that are made, understand the regulatory



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context for complementary medicines and recognise that complementary medicines are not risk-free, particularly when taken in conjunction with other medicines.

If this is to happen, we need, as a starting point, statements on product labels to tell consumers that these products are not independently tested. This is already happening in the United States. CHF is also asking the regulator for evidence of efficacy to be publicly available. Manufacturers who claim their products have been proven to work need to provide some supporting evidence for these claims.

The issues related to complementary medicines are multifaceted, complex and often contestable. Given their importance, it seems unreasonable, at best, for anyone to argue against changes that will assist consumers to make informed choices.

News

Case for neonatal CAH screening strengthened

Neonatal screening for congenital adrenal hyperplasia (CAH) — not yet implemented in Australia — is the subject of a Swedish study of a population-based cohort, spanning almost 100 years. The authors identified 606 patients with CAH, born between 1915 and 2011. They reported an apparent sharp increase in incidence in the 1960s and 1970s, and again after the introduction of neonatal screening in Sweden in 1986, when the proportion of patients with the salt-wasting form of CAH increased in both sexes (from 47% of total CAH cases in 1950–1985 to 57% in 1986–2011). They calculated that, on average, the diagnosis was missed in five to 10 children each year before 1970. They also found that the non-classic form of CAH, which manifests later in childhood, was diagnosed more often in females than in males. An accompanying comment by Professor Bridget Wilcken of the Sydney Children's Hospitals Network said the 100-year study strengthened the case for neonatal screening in Australia. "There is little doubt that screening for the disorder fulfils the essential criteria for screening — it is, after all, a potentially lethal disorder ... Certainly paediatric endocrinologists from Australia agree."

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Syphilis in pregnancy still a global health problem

Syphilis in pregnant women remains a global public health problem, despite the relatively low cost of both antenatal care (ANC) and effective treatment, according to a new study. In 2007, the World Health Organization launched an initiative to eliminate congenital syphilis that set targets of at least 90% of pregnant women being tested for syphilis and at least 90% of seropositive pregnant women receiving treatment by 2015. The researchers developed a mathematical model to estimate the number of syphilis-infected pregnant women and the regional and global numbers of adverse pregnancy outcomes due to syphilis. They estimated that in 2008, 1.4 million pregnant women, 80% of whom attended ANC, had active syphilis. This resulted in an estimated 521 000 adverse outcomes, including 213 000 stillbirths or early fetal deaths, 92 000 neonatal deaths, 65 000 preterm or low-birthweight infants and 152 000 infants with congenital syphilis.

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Wii improves laparoscopic skills

Video game consoles may be useful for training laparoscopists, according to new Italian research. The researchers, who reported no external funding source or conflicts of interest, randomly assigned 42 postgraduate residents into an intervention and a control group, both of which underwent assessment for baseline skill levels on a validated laparoscopic simulator. The intervention group then received 4 weeks of training on three Nintendo Wii games which required high levels of eye–hand coordination, movement precision, depth perception and 3D visualisation — Wii Sports Tennis, Wii Table Tennis and Battle. After 4 weeks, both groups were again tested on the laparoscopic simulator. "The Wii group improved significantly in all performance metrics", the authors wrote. High costs have limited the spread of laparoscopic simulators, but "video-games may be a cheap and widely available product, helping to develop cognitive skills that ... can be transferred in improved surgical performance".

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From the MJA archives

Australasian Medical Gazette
1890; February (edited extract)

A difficulty has arisen in connection with lady medical students at the Melbourne Hospital. Some of the surgeons are averse to performing operations with a half dozen lady students standing by deeply interested in the subject under dissection. The male students — who number nearly 150 — are also deeply concerned in the matter of the mixing of the sexes in the operating theatre, though whether their

opinions on the point are attributable entirely to delicacy, or in part to the fact that the six lady students always get the best places to watch surgical operations, and cannot be jostled out of them, was not made perfectly clear. Some members of the Committee were surprised to learn that there were lady students in the hospital, and the medical superintendent and the surgical staff were asked to send in reports concerning the difficulty arising from their presence at operation.

*Out of the Past column,
MJA 1958: 15 February*

Niacin fails as statin therapy partner

Niacin has "failed" as a partner to statin therapy as a method of reducing major cardiovascular events in high-risk patients, according to the largest ever randomised trial of extended release (ER) niacin treatment. The HPS2-THRIVE randomised controlled trial involving 25 673 high-risk patients from China, the United Kingdom and Scandinavia evaluated the effect of daily ERN/LRPT (2 g ER niacin combined with 40 mg laropiprant, a prostaglandin D2 receptor subtype 1 antagonist used to reduce niacin-associated side effects) as an adjunct to statin therapy. The authors reported a "four-fold excess risk of any myopathy with the addition of ERN/LRPT to simvastatin 40 mg daily". The excess risk was more noticeable in patients from China, where the background rate of myopathy with low-density lipoprotein-lowering therapy alone was higher. An accompanying editorial said that "niacin has failed as a valuable 'partner' of statin therapy in lipid-targeted approaches to reduce major cardiovascular events", but cited ongoing clinical trials of alternative lipid-targeted interventions as possibilities. As a result of the study, in January 2013 the manufacturer of ERN/LRPT, Merck, moved to withdraw it from the European market and it has been suspended from use by the European Medicines Agency.

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